

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND

1 Date of Request: 10/6/04 2 Serial/Patent # 10/828,331

3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED	6 AMOUNT							
<input type="checkbox"/>	Filing			\$							
<input type="checkbox"/>	Amendment			\$							
<input type="checkbox"/>	Extension of Time			\$							
<input type="checkbox"/>	Notice of Appeal/Appeal			\$							
<input checked="" type="checkbox"/>	Petition	—	8/31/04	\$ 130							
<input type="checkbox"/>	Issue			\$							
<input type="checkbox"/>	Cert of Correction/Terminal Disc.			\$							
<input type="checkbox"/>	Maintenance			\$							
<input type="checkbox"/>	Assignment			\$							
<input type="checkbox"/>	Other			\$							
		7 TOTAL AMOUNT OF REFUND	\$ 130								
		8 TO BE REFUNDED BY:									
<input type="checkbox"/>	Treasury Check										
<input type="checkbox"/>	Credit Deposit A/C #:										
<input checked="" type="checkbox"/>	9 <table border="1" style="display: inline-table;"><tr><td>1</td><td>5</td><td>—</td><td>0</td><td>4</td><td>6</td><td>1</td></tr></table>			1	5	—	0	4	6	1	
1	5	—	0	4	6	1					
10 REASON: <u>Overpayment</u>											
<input type="checkbox"/>	Overpayment										
<input type="checkbox"/>	Duplicate Payment										
<input checked="" type="checkbox"/>	No Fee Due (Explanation):										
<u>Notice of omitted item(s) is vacated</u>											

11 REFUND REQUESTED BY: C. T. Donnell

TYPED/PRINTED NAME: C. T. Donnell

TITLE: Pat O/Hy

SIGNATURE: C. T. Donnell

PHONE: 301-555-2721

OFFICE: 4700

***** THIS SPACE RESERVED FOR FINANCE USE ONLY: *****

APPROVED: Alma Kelly

DATE: 10/7/04

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

Office of Finance
Refund Branch
Crystal Park One, Room 802B